Imaging Order

1625 Leonard St NE, Suite C
Grand Rapids, MI 49505
Phone: 616-980-9050
Fax: 616-317-4920
office@theimagingcenter.org

Patient Information

Patient Name: _____ DOB: _____ Sex: ☐ Male ☐ Female

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Ordering Physician Information

Physician Name: _____ NPI#: _____ Facility Name: _____

Office Contact: _____ Phone: _____ Fax: _____

Order(s) Requested	Diagnosis Code(s)	Contrast Needs
	Please use ICD-10 codes	☐ Per Radiologist Protocol ☐ Without ☐ With & Without ☐ With Only (rare for MRI Exams)

Contrast Clearance

For patients needing contrast, we will need to have eGFR labs ordered and completed within 30 days prior* to imaging based on the following:

CT exam WITH orders

☐ 60 years of age or older

☐ Renal (kidney) disease

MRI exam WITH orders

☐ Renal (kidney) disease

Any patient on dialysis needs labs within 7 days prior to appointment.

Preliminary MRI Safety Screening

Check all that apply

☐ Pacemaker, pacer wires, or defibrillator

☐ Surgical metals (aneurysm clips, neurostimulator, non-cardiac stents, vascular shunt)

☐ Non-surgical metals (fragments in eye, shrapnel, piercings)

☐ Blood infusions for iron deficiency in past 3 months

Full MRI Safety Screening will be obtained at time of scheduling and the day of exam.

Exam Comments / Reason for Exam

Surgical History of Area Being Imaged

Payment Information

☐ Self-Pay ☐ Bill Insurance Primary Insurance: _____ Insurance ID#: _____

Group #: _____ Subscriber (if different than patient): _____ Subscriber DOB: _____

Physician Signature & Date: _____

Please email or fax the completed order along with copies of insurance cards.
Exams needing a prior authorization, please include relevant office notes with order.

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